



Divine Mercy Catholic Academy

1940 N Courtenay Parkway
Merritt Island, FL 32953
321-452-0263

Office use:
_____ Reg. Fee Paid, 0 for VPK
_____ Amount Paid
_____ Check # or Cash
_____ Extd. Care Fee Paid
_____ Check # or Cash

Registration for 2011 / 2012 Academic Year

PARENT / GUARDIAN FAMILY INFORMATION

Parents/Guardians: _____
Street _____
City _____

State _____ ZIP _____
Home Phone: _____
Home Email: _____

Father / Male Guardian Information:

Name: _____
Relationship: _____
Religion: _____
Company: _____
Occupation: _____
Work No.: _____
Cell: _____
Wk Email: _____

Mother / Female Guardian Information

Name: _____
Relationship: _____
Religion: _____
Company: _____
Occupation: _____
Work No.: _____
Cell: _____
Wk Email: _____

*** Please indicate PRIMARY email account**

Marital Status of Biological Parents: _____
Student(s) Live with: _____

EXTENDED DAY CARE

Please enroll my family in the Extended Day program.
I have included the registration fee of \$50 per family:
Yes _____ No _____

SECOND PARENT INFORMATION (if applicable)

Below information is provided for: _____ parent having joint or partial custody, or _____ non-custodial parent.

Name: _____
Street: _____
City: _____
State: _____
ZIP: _____

Relationship: _____
Religion: _____
Home Phone: _____
Daytime Phone: _____
Email: _____

PLEASE COMPLETE FOR ACCURATE BILLING

TUITION

Divine Mercy Parishioner: Yes or No Envelope No.: _____ Non-Parishioner: Yes or No

Name(s) of Student(s) in Half Day Pre-K3 (mornings): _____

Name(s) of Student(s) in Full Day Pre-K3 (until 3:00 PM): _____

Name(s) of Student(s) in Half Day VPK (mornings): _____

Name(s) of Student(s) in Full Day PK4 (VPK mornings/until 3:00): _____

Name(s) of Student(s) in K-8th Grade: _____

PAYMENT OPTIONS:

INDICATE CHOICE

1. Single payment by cash, check or MasterCard/VISA (plus 2.5% service fee if by credit card) with \$100 discount on or before July 15th _____
2. Semi-Annual payment – July and January * _____
3. Quarterly payment – July, September, November and February * _____
4. 10 or 11 monthly payment – must conclude by May * _____ months

*Payments for options 2, 3 and 4 will be made through automatic bank payments directly from your bank account or to your Master Card, Discover or American Express credit card (plus 2.5% service fee if by credit card) via SMART. The cost of the program is \$35 per year per family and will be added to the first month of tuition.

SCRIP:

Tuition reduction may be earned through your level of participation in our SCRIP program. The credit you earn is applied to the tuition cost for the next school year.

TERMS OF REGISTRATION

I agree to comply with Divine Mercy Catholic Academy’s Policies as stated in the Parent Student Handbook, including volunteer hours and support of fundraisers. If my child is enrolled in the VPK program, I agree to comply with VPK requirements including attendance policies.

Divine Mercy Catholic Academy is authorized to use my child(ren)’s name(s) and photo(s) on television, in the school yearbook, and in promotional materials for Divine Mercy Catholic Academy (yes or no): _____

Divine Mercy Catholic Academy is authorized to use the following information in the school directory:

Mailing Address: _____

Home Phone No.: _____

Email Address: _____

Business Promotion: _____

NOTE: A blank response to previous answers will be interpreted as a “yes”.

This application is not valid until the registration/re-registration fee has been paid. Registration/re-registration is in addition to tuition and is nonrefundable. Re-registration fees are:

- \$175 per student if paid in March 2011
- \$200 per student if paid in April 2011
- \$225 per student if paid in May 2011

Birth, baptismal and Florida health certificates must be on file in the school office. If any information furnished herein is found to be false, this registration will be considered null and void.

SIGNATURE _____ **DATE** _____

Divine Mercy Academy does not discriminate against applicants / students on the basis of race, color, national or ethnic origin.